

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

15593

4198

FILED MAY 14 1953

State File No.

Registrar's No.

| | | | | | | | | | |
|--|--|--------------------|--|---|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | State File No. | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> 2069 | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4935 Page</u> | | | | d. STREET ADDRESS (If rural, give location) <u>6 4935 Page</u> 0 | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Hortense</u> | | | | a. (First) | | b. (Middle) | | c. (Last) | |
| 4. DATE OF DEATH | | | | (Month) | | (Day) | | (Year) | |
| 5. SEX <u>Female</u> 3 | | | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> 2 | | 8. DATE OF BIRTH <u>Oct. 20 1901</u> | |
| 9. AGE (In years last birthday) <u>51</u> | | | | 10. MONTHS | | 11. YEARS | | 12. HOURS | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>maid</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Tupelo Miss</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | 13a. FATHER'S NAME <u>Rogers Cunningham</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Miller</u> | | 14. NAME OF HUSBAND OR WIFE <u>Widowed</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | | | 16. SOCIAL SECURITY NO. <u>UNKNOWN</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Susie McRay</u> ADDRESS <u>4935 Page</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart Failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, cardiac-vascular</u> DUE TO (c) <u>Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>443X</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>March 23, 1953, to Apr. 20, 1953</u> , that I last saw the deceased alive on <u>Apr. 20, 1953</u> , and that death occurred at <u>11:15 P.M.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Wm. A. Mueller</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>3524 Franklin Ave.</u> | | | | 23c. DATE SIGNED <u>4-22-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | | | 24b. DATE <u>April 25, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>St Louis County Mo</u> | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>H. C. Smith</u> | | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.D. Boyd Funeral Home 3704 Finney</u> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Melvin E. Green

Licensed Embalmer No. 4428

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.